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CONFIRMATION NO. 3493

<b>SERIAL NUMBER</b> 10/812,638	<b>FILING OR 371(c) DATE</b> 03/29/2004 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 25669-014 CIP CON
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/963,880 09/26/2001 PAT 6,712,610  
 which claims benefit of 60/240,004 10/12/2000  
 and is a CIP of 09/540,088 03/31/2000 ABN  
 which claims benefit of 60/127,497 04/02/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

CANADA 2343471 03/30/2001

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 06/18/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 7
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

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**TITLE**

CHARACTERIZATION OF AN ANTIBIOTIC IMPREGNATED DELIVERY SYSTEM AS AN INTRACANAL MEDICAMENT IN ENDODONTIC THERAPY

<b>FILING FEE RECEIVED</b> 1207	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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